

Abstract 132**Health Belief Profiles and Nonadherence to Oral Anticancer Medication in Cancer Survivors: A Latent Profile Analysis**Meng-Jung Wen^{1,*}, Olayinka Shiyabola¹¹ Division of Social and Administrative Sciences, University of Wisconsin-Madison School of Pharmacy

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Background: Nonadherence to oral anticancer medications (OAMs) is a widespread issue affecting half of cancer survivors. Suboptimal adherence leads to early relapse, premature death and higher health expenditures. Individual patient-related factors, notably disease and medication beliefs, is one of the most crucial and potentially modifiable targets that have not been thoroughly studied. Prior research shows that cancer survivors perceive more uncertainty about the efficacy and toxicity tolerance of their treatment, which contributes to non-adherence to OAMs. Therefore, categorizing cancer survivors based on similar patterns of thinking regarding their beliefs about cancer and OAMs can help identify behavioral targets to intervene on.

Methods: A cross-sectional survey measuring cancer survivors' health beliefs, including beliefs about cancer and OAMs, as well as medication adherence will be administered and collected through an online crowdsourcing panel. Latent profile analysis, a person-centered modeling approach, will be conducted to categorize cancer survivors into latent subgroups based on their distinct health beliefs using Mplus Version 8.10. Hierarchical multiple linear regression will be performed to examine the associations between these latent subgroups and adherence to OAMs.

Results: This research-in-progress project will be completed by June 2024. We expect to collect 250 samples and construct a three-profile model, including individuals who hold accepting, skeptical and ambivalent beliefs. Each latent profile will exhibit distinct clinical, behavioral, and psychosocial characteristics. Specific health beliefs domains and patient characteristics may be identified as contributing factors to nonadherence within health belief subgroups.

Conclusions: Utilizing latent profile analysis to identify the types and prevalence of health belief subgroups can offer an alternative way to specify negative beliefs contributing to medication nonadherence among cancer survivors. Future investigations into the underlying mechanism between negative beliefs and non-adherence can lead to tailored interventions based on clusters of cancer survivors at higher risks of medication nonadherence.

<https://doi.org/10.1016/j.sapharm.2025.03.023>**Abstract 153****Caregivers' roles in medication use behaviour of people with schizophrenia: a qualitative study**Noor Cahaya^{1,2}, Susi Ari Kristina³, Anna Wahyuni Widayanti^{3,*}, James Green⁴¹ Doctoral Program in Pharmacy, Faculty of Pharmacy, Universitas Gadjah Mada, Yogyakarta, Indonesia; ² Department of Pharmacy, Faculty of Mathematics and Science, Universitas Lambung Mangkurat, Banjarbaru, Indonesia; ³ Department of Pharmaceutics, Faculty of Pharmacy, Universitas Gadjah Mada, Yogyakarta, Indonesia; ⁴ School of Allied Health and Physical Activity for Health, Health Research Institute HRI, University of Limerick, Limerick, Ireland

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Background: Caregivers play a major role in schizophrenia treatment. The purpose of this study was to explore the role of caregivers in the medication use behaviour of people with schizophrenia in the Indonesian cultural context.

Methods: The study applied qualitative design with in-depth interviews, which were conducted in the Southern areas of Borneo, Indonesia. The study participants were eleven people with schizophrenia and their caregivers.

Results: The role of caregivers were crucial in medication use behaviour of people with schizophrenia. Some caregivers reminded the people with schizophrenia to take medications. Some other caregivers did more than reminding them, they also supervised them directly when taking the medications.

Therefore, knowledge and belief of the caregivers about medications for people with schizophrenia affected their adherence to medications. Factors from the patients itself may also influenced their behaviours in taking medications. These included the experience of relapse and the experiences of side effects from the medication. Patients who often experienced relapse tended to more adhere, and those who experienced side effects tended to minimise or skip the dose.

Conclusions: Interventions to improve adherence to medication in people with schizophrenia need to include their daily caregivers. Education about medications and their importance of taking schizophrenia medication regularly need to be provided to the patients and their caregivers to recover and avoid recurrence.

<https://doi.org/10.1016/j.sapharm.2025.03.021>**Abstract 184****The RESPECT-brochure: a tool to inform and empower residents and informal caregivers on the medicines' pathway in nursing homes**Amber Damiaens¹, Ann Van Hecke^{2,3}, Veerle Foulon^{1,*}¹ Department of Pharmaceutical and Pharmacological Sciences, KU Leuven, Leuven, Belgium; ² Department of Public Health and Primary Care, UGent, Ghent, Belgium;³ Department of Nursing director, Ghent University Hospital, Ghent, Belgium

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Background: The involvement of nursing home residents (NHRs) and informal caregivers in the medicines' pathway in nursing homes remains unstructured and limited. An important barrier thereto is the lack of knowledge among NHRs and informal caregivers regarding the content of the medicines' pathway. This study aimed to develop a tool to 1) inform NHRs and informal caregivers about the medicines' pathway and to 2) empower them to take up their role therein.

Methods: Feedback on the tool's text, drafted by the research team, was collected from a professional organization. The lay-out was designed by an illustrator. The tool was pilot tested as a conversation starter to inform NHRs and/or their informal caregivers on the processes of the medicines' pathway, and to encourage them to take up their role therein. Evaluation of the tool was performed through semi-structured interviews, focus groups and document analysis.

Results: The tool was developed as a square 'double gate fold' brochure and was entitled the RESPECT-brochure. The RESPECT-brochure was pilot tested in 13 nursing homes. A total of 23 conversations with 14 NHRs and 9 informal caregivers was reported. Results showed that the tool was well perceived among residents and informal caregivers and offered opportunities to discuss medication-related questions and concerns. Nevertheless, skills of healthcare professionals to tailor the conversation, especially given the increasing number of residents with dementia, were needed. Also, a matching nursing home vision on resident participation, and the presence of a local champion committed to the tool's implementation were identified as success factors for the tool's uptake.

Conclusions: An informative and empowering tool on the medicines' pathway has been successfully developed and pilot tested in nursing homes. The tool is the first in its kind and grants nursing home staff a new strategy to promote person-centered care.

<https://doi.org/10.1016/j.sapharm.2025.03.022>**Abstract 141****Deprescribing and Medication Appropriateness: Addressing Health Equity for Indigenous Peoples in Canada**Jennie Herbin¹, Larry Leung², Jason Min², Amber Ruben³, Wade Thompson⁴, Emily G. McDonald^{5,6,7}, James L. Silvius⁸, Cheryl A. Sadowski^{3,*}¹ Centre for Outcomes Research and Evaluation, Research Institute of the McGill University Health Centre, Montréal, Quebec, Canada; ² Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, British Columbia, Canada; ³ Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada; ⁴ Faculty of Medicine, University of British Columbia, Vancouver, British Columbia, Canada; ⁵ Clinical Practice Assessment Unit, Department of Medicine, McGill University Health Centre, Montréal, Quebec, Canada; ⁶ Division of General Internal Medicine, Department of Medicine, McGill University Health Centre, Montréal, Quebec, Canada; ⁷ Division of Experimental Medicine, Department of Medicine, McGill University, Montréal, Quebec, Canada; ⁸ Alberta Health Services, Seniors Health Strategic Clinical Networks, Calgary, Alberta, Canada